4,				•					(196	10)) ()	8>	5
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997 Application or Docket Number 167083													r	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR		R THAN ENTITY	
FOR N			IUMBE	MBER FILED		NUMBER	EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE]		395.00	OR		790.00			
TOTAL CLAIMS 34			34	minus	20 -	- 14	9]	x\$11=		OR	x\$22=	252	1
INDEPENDENT CLAIMS & minus 3								x41=		OR	x82=	4/10	! `	
MULTIPLE DEPENDENT CLAIM PRESENT								j	+135=		OR	+270=	719	
" If the difference in column 1 is less than zero, enter "O" in column 2									TOTAL		OR	TOTAL	1552	
CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)									SMALL	. ENTITY	OR'		R THAN ENTITY	
AMENDMENT A		CLAID REMAIN AFTE AMENDO	NING R	*	NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE	-
	Total	٠		Minus	•• /	36	= /		x\$11=		OR	x\$22=	./	
	independent	. 8		Minus	***	8	= Y		x41=		OR	x82=	(1)	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	7	
9.	9-28-04 (Column 1) (Column 2) (Column 3)										OR	TOTAL ADDIT. FEE		
AMENDMENT B		CLAIN REMAIN AFTE AMENDA	MS NING R		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	_
	Total	.3	۲,	Minus	•• (360	=		x\$11=		ÓΑ	x\$22=		
	independent	•	ζ	Minus	*	8	-/		x41=		OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=/		
(Column 1) (Column 2) (Column 3)									TOTAL ODIT. FEE		OR	OTAL MODIT, FEE		
AMENDMENTC		CLAIN REMAIN AFTE AMENDO	VING		NU! PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=		x\$11=		OR	x\$22=		
	Independent	•		Minus	***		e		x41=		OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
	the entry in colu the "Highest Nur the "Highest Nur he "Highest Hum	nber Previo nber Previo	usly Pai usly Pai	d For IN THIS d For IN THIS	SPACE	is less than is less than			TOTAL ODIT, FEE in the approp	niate box in c		TOTAL ADDIT. FEE		

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